## PRIMARY CARE FACILITY DESIGNATION WORKSHEET

Facility Name:	Clinics at Facility:	Clinics atFacility:			
Clinic Address	:				
County	ounty: HPSA Facility Serves (Name/ID):				
Facility	is public or non-profit	<b>)</b> *			
	☐ Metropolitan ☐ Non-metropolitan ☐	Frontier			
<u>1) Prov</u>	ision of Services (one):	To:			
		Distance by: Auto	Bus	Other	
More than 50% of facility's primary care services are being <b>Source:</b>					
provided to residents of a HPSA.		Rand McNally Atlas			
		☐Maps-on-us			
		Other:			
□ With	in 30 minutes of HPSA and facility is accessible to	Road Type:	Miles	Minutes	
residents of HPSA (i.e., no socioeconomic differences).		Interstate 1.2	+		
		Primary 1.5	+		
		Secondary 2.0 Total	1		
<u>2) Insu</u>	fficient Capacity (two):			•	
(i) > 8000 outpatient visits per year per FTE of the primary care physicians.  Number of outpatients  FTE  Outpatients/FTE				FTE	
[] (ii) I	excessive usage (>35%) of emergency room facilities for	routine primary care.			
(iii) Waiting time for appointments > 7 days for established patients, or				days	
> 14 days for new patients for routine health services.				_days	
<ul> <li>□ (iv) Facility waiting time &gt; 1 hour when patients have appointments, or</li> <li>□ &gt; 2 hours for patients treated on a walk-in basis.</li> </ul>				hours	
				hours	

<sup>\*</sup>Reject application if not public or non-profit

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Applicant Reminders:					
☐ Map with boundary of HPSA, location of facility, and route from HPSA population ce	enter to facility.				
☐ FTE Spreadsheet, if applicable					
Applicant Requests:					
☐ Designate ☐ Continue ☐ Reinstate					
Rational:					
☐ Meets criteria ☐ Other					
Signature:	Date:				
Notes:					

Office of Statewide Health Planning and Development Shortage Area Designation Unit